

BID NOTICE

Date Issued: April 5, 2013

Procurement I.D. Number: DHMH/OHS0001

**Department of Health and Mental Hygiene
DHMH, Office of Health Services, Nursing and Waiver Services Directorate
201 W. Preston Street, Room 122, Baltimore, MD 21201**

Title of Services: Incident/Complaint Investigators Training Course with certification testing for the Office of Health Services, Nursing and Waiver Services (NWS) Directorate, Operating State Agency (OSA) staff and its designee (OHCQ) involved in triaging, reviewing and investigating reportable incidents/complaints to ensure the health, welfare and safety of waiver participants.

Brief Description of Services:

The Office of Health Services (OHS), Nursing and Waiver Services Directorate is seeking the services of a vendor to provide an Incident/Complaint Investigators Training Course for NWS, OSA, and OHCQ staff who are directly responsible for reviewing, investigating, and/or conducting reportable incident oversight activities for waiver programs. The training course and basic investigator's certification testing will accommodate at least 30 to 34 staff and is to be offered in July 2013 in Maryland at an OHS designated training location. The course and testing costs shall not exceed \$11,000.00. Alternate dates may be considered subject to the availability of staff.

Specification: The vendor shall provide the following:

1. Staff who are experienced in teaching incident/complaint investigations and who have experience in teaching a basic Incident/Complaint Investigators Training Course.
2. Develop a 4 consecutive day curriculum which includes timelines, evidence gathering with an emphasis on observation, interview, record/document review and an analysis of the gathered evidence based on acceptable standards. Provide a hardcopy of the training course materials for all attendees and use visual presentation materials suitable for projection.
3. Provide basic investigator's training certification testing immediately upon completion of the course for all attendees who are required to take the certification test.
4. Provide results of the testing within 10 working days upon completion of the course and testing. Provide a telephone contact staff member that will be available to answer any questions related to the results of the testing. Provide attendees with attendance certificates and certification certificates to those attendees who take the test.
5. Invoice the Department using the following procedure: Name, title, course name and dates, address, telephone number, fax number, federal employer

identification number, and DHMH control number as indicated on the contract.

6. The vendor **MUST** have 3 years of experience with teaching incidents/serious occurrences investigations or management experience reporting, investigating, and implementing corrective action plans related to serious occurrences/incidents for individuals in community-based service settings and/or incident/complaint management experience.

The Procurement Method: Small Procurement

Procurement Officer: Rosetta Sabb
DHMH, Office of Health Services
410-767-3520
410-333-5154 (fax)

If you have any questions please contact:

Sandra J. Brownell, Deputy Director for Nursing and Waiver Services
Office of Health Services, 201 W. Preston Street, Room 122, Baltimore, MD 21201
410-767-5234
410-333-5002(fax)

Bid proposals must be received no later than: 12:00 Noon, April 17, 2013
Nursing and Waiver Services
201 W. Preston Street, Room 122
Baltimore, Maryland 21201

Please fax to: Rosetta Sabb, Procurement Officer
DHMH, Office of Health Services (OHS)
410-333-5154

The award will be given to the vendor meeting the criteria in this BID document with the most advantageous offer.

**MINORITY BUSINESS ENTERPRISES ARE ENCOURAGE TO PARTICPATE IN THIS
SOLICITATION PROCESS**

BID PAGE

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Waiver Services Directorate
Incident/Complaint Investigators Training Course
April 2013

Procurement I.D. Number: DHMH/OHS0001

Vendor Name: _____

Vendor Address: _____

Contact Name: _____

Telephone Number: _____

FEIN Number: _____

TOTAL BID PRICE \$ _____

Signature of Authorized Representative

Date